

## *Appendix B: Case Stories*

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*Please Note: There are only 10 cases stories available in this report. Though the original sample was 12, we were unable to complete one review and did not receive the case story for another review.*

## **Written Case Review Summary**

Case 1

Review Date: March 28, 2005

Child's Placement: Home with biological parents

### **Persons Interviewed (7)**

Mother, father, private agency social worker, child's psychotherapist, child's psychiatrist, child's school-based behavior management therapist, and mother's psychotherapist. The reviewers observed the child in the presence of his parents and eldest brother.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

In 1998, the review child's mother and father married. The family unit at that time consisted of the child's father, mother, and his two older brothers (ages six and two). They all lived with the mother's relatives, including the maternal grandmother. The mother recalls that she started smoking marijuana when she was 12-years-old and was soon lacing it with crack cocaine. She speaks of getting high with the maternal grandmother who also used crack.

Within months of the marriage, the older siblings were removed from their mother's custody when she beat the eldest child. Both boys were placed with their biological father and his wife. Their father died months later and the boys were placed with their maternal great aunt. The great aunt was not able to handle the older brother's behavior and brought him to CFSA for replacement. Both children were removed from their great aunt's home, and placed in non-relative care after a stay at an infant and maternity home.

While the children were in foster care, their mother and stepfather completed a parent training class; their mother participated in an anger management program (and greatly credits the CFSA staff person who facilitated that program for positively influencing her recovery) and an outpatient substance abuse treatment. She gave birth to the review child in July 1999. The two older siblings returned home in the fall of 1999. Their mother says when the boys were returned home, her case was closed, and she received no supports or services to aid in their transition/adjustment home. She says the two older children told her that they had been sexually abused by their foster mother while in care. She reported that her sons were evaluated but that they received no therapeutic intervention specifically addressing sex abuse upon return home. The middle child attended a therapeutic preschool where he received interventions to manage his behavior.

The mother had a difficult time managing the eldest son's behavior upon his return home. In September of 2000, after he kicked his then 14-month-old brother, the review child, the entire family came to CFSA where the mother requested the oldest son's placement in foster care

because she was unable to manage him. She says he was placed with wonderful foster parents and that she was considering allowing them to adopt him, but the foster mother died. The mother's grandfather also died around this time. The child was replaced and began to move from home to home, due to foster parents not being able to manage his behavior.

Less than two years later, in February of 2002, the two younger siblings were removed from the home. Their stepfather headbutted the middle child and left a mark on his forehead. The review child also had marks on his body and a bruise on his eye. While there were plausible explanations for the review child's marks and bruises, his father was drinking heavily, his mother had relapsed, the police were responding to domestic violence incidents between the mother and the maternal grandmother and the maternal grandmother's crack use was continuing, in addition to "others" in the home using crack.

The boys were placed together at a congregate care facility (during which time their mother believes the middle child was molested by an adult). They moved together to a foster home but were separated after the middle child sexually abused the review child.

During this contact with CFSA, the mother participated in substance abuse treatment and began individual therapy. She was also briefly treated by a psychiatrist. She stopped using illicit substances in May of 2003. The father/stepfather stopped drinking in November of 2003. Both parents took another parenting class, and they began attend substance abuse support groups together.

Presently, the middle child, almost nine-years-old, remains in placement in a private agency foster home; his permanency goal is reunification. The oldest child is 12 and has been at a residential facility since August of 2003; his permanency goal is also reunification. The review child was diagnosed with ADHD, prescribed medication, and began treatment for sexual abuse. After experiencing multiple placements, including a stay at a hospital psychiatric unit, he returned home in January 2005. The goal is for him to remain at home with his parents. The plan for his parents includes maintaining sobriety and continuing to support their parenting functions.

The review child continues in individual therapy to address sexual abuse. He receives psychiatric treatment and is placed in a special education setting due to behavioral challenges. His mother participates in individual therapy and both of his parents are regular participants in substance abuse support groups. Case planning and monitoring is facilitated by a private agency.

### **Child's Current Status**

In a number of key areas, the review child's status is good and should be maintained. He is safe at home with his parents. He is physically healthy and all of his basic needs are met. He attends school regularly and is engaged in learning. He is reportedly much more behaviorally and emotionally stable since returning to the custody of his parents, but this is still an area that requires continued attention. In school recently, he inappropriately touched a female classmate.

He is an active child who requires redirection, prompting, and supervision, to which he seems to respond well.

### **Parent/Caregiver's Status**

The parents are both functioning well and able to meet the review child's needs. They have taken advantage of the interventions offered to them and their children and have made great progress. They both participate in making decisions for themselves and their children. They have also formed their own network of supporters. One example is the parents' and children's regular participation in family events sponsored by the substance abuse support group. The mother is a great advocate for herself and her children. She is drug-free. She is working full-time in a particular field but is interested in working with other parents involved in the child welfare system and coping with addiction and has already completed a training program in addiction counseling. Her therapist and others will assist her in finding a position that fits her interests. The father has maintained sobriety. He was also working full-time until recently but was diagnosed with degenerative bone disease. He suffers with severe pain in his legs and is not able to work at this time.

### **Factors Contributing to Favorable Status**

The parents participated in and benefited from treatment and services. While the review child was in care, they maintained contact with him. They understand and accept their own and their children's needs and are advocates for their family. They successfully addressed their problems and continue to participate in activities to maintain their positive status, including appropriately seeking and using supports.

### **Factors Contributing to Unfavorable Status**

There are concerns about the risk the review child presents to his peers. While he is in a classroom with a small student-to-adult ratio, it is not clear the extent to which risks are being managed and there are no efforts to manage his behavior in the classroom. It was also not clear from information gathered in this review that the child has opportunities to be in integrated settings with his non-special education peers. The review child does not see the middle sibling as often as he sees his elder brother. The middle sibling's foster mother has not been cooperative in facilitating visitation, despite a court order for increased visits.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Recent system performance outcomes in this case are good with overall system performance falling in the maintenance zone. Many examples of core practice functions are evident in this case and have led to good overall results.

The private agency social worker serves as coordinator and keeps the highly skilled and effective members of this family's service team informed. Everyone has a good understanding of this family's strengths and needs and has engaged family members in setting and working

towards goals. There is also good evidence of ongoing risk assessment and attention paid to addressing and minimizing risk.

### **What's Not Working Now and Why**

While everyone is in contact with the private agency social worker and some key people speak with each other, the younger siblings' therapist, for example, and the team members have not had the opportunity to meet, share information, and plan with each other. In addition, the determinants of case closure are not explicit in this case. The reviewers were told that a timeline, typical in most cases of children discharged from foster care and under protective supervision, will drive case closure, as opposed to the collective input and recommendation of family members and the persons working with this child and family.

Another problem is that it has taken over three months to establish family therapy. The social worker made a referral for family therapy in November 2004. The family is scheduled for an intake appointment next week, over five months later. Medication management has also been an issue in this case and is just recently being resolved as the parents have gained more control of treatment and choice of provider. They mistakenly believed they did not fully have this right when their child was placed in foster care. Arguably, the review child may have been overmedicated. A recent change in his medication, combined with his transition home have served to stabilize his behavior and made it easier for him to respond to redirection. School is another area where it seems to have been unclear about who was and is responsible for decision-making. When the review child was in care, the social worker was highly involved in the school and IEP processes, while the parents were not. Now that the child is with his parents, the social worker has taken more of a "hands-off" role with school issues.

### **Six-Month Forecast/Stability of Findings**

The review child and parents' status are good and are expected to remain positive.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Convene a meeting of all team members to decide on terms for safe case closure based on this family's unique circumstances, not based on a prescribed timeline.
- Assist the parents in ensuring that the review child is placed in an appropriate educational setting and that his needs are being met in school.

## **Written Case Review Summary**

Case 2

Review Date: March 30, 2005

Child Placement: Therapeutic Foster Care (goal of adoption)

### **Persons Interviewed (8)**

CFSA social worker, CFSA supervisor, mentor, private agency clinical coordinator, guardian ad litem, assistant attorney general, foster parent, child

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts about the Child and Family**

The review child is a 13-year-old African-American female living with her ten-year-old sister in a therapeutic foster care placement. She and her three siblings (two brothers, ages 15 and 11, and her ten-year-old sister) came into custody in 1995 due to abandonment and neglect. Both the birth mother and father were abusing substances at the time the children came into custody. In 1996, the parents' rights were terminated and the children's permanency goal became adoption.

Since coming into care in 1995, the review child and her ten-year-old sister have been placed together and have been in six different foster homes. Three of the six placements were pre-adoptive placements that failed for various reasons—at least one of the three placements failed because of allegations of abuse and neglect. The most recent pre-adoptive placement disrupted approximately two years ago because the foster mother became very ill and was unable to continue to care for the child and her sister. Last year, the foster mother passed away.

The child and her sister currently reside in a therapeutic, private agency foster home in Maryland. In addition to the child and her sister, the family is composed of the foster mother, foster father, and their two adult biological children—one lives at home and attends college and the other lives in a nearby state. The review child and her sister were placed in a therapeutic home because of the special needs of the sister. They have been there for two years, even though it is not a pre-adoptive placement.

Before going any further with this story, it is important to explain the status of the private agency associated with this therapeutic foster family. Currently, the private agency is in the process of transitioning out of providing foster care services for children in the care of CFSA. Foster families working for the private agency have been given two options: (1) stay with the private agency and lose any CFSA foster children in their care, or (2) transition to a different private agency and keep the CFSA children in their care.

For the foster family caring for the review child and her sister, this has not been an easy decision. The primary problem for the foster family is that they don't want to move to another

private agency unless CFSA can guarantee that the review child and her sister can live with them in long-term foster care until adulthood. The foster mother stated repeatedly that she loves the girls and wants to keep them in long-term care, but because of her age and her husband's health problems, they will never adopt. Therefore, if CFSA and the court are unable or unwilling to change the permanency goal of the children to alternate planned permanent living arrangement/long-term foster care (APPLA), she and her family will be unwilling to move to another private agency and, therefore, unwilling to continue to care for the girls.

It is not clear what the agency and the court will decide regarding the placement of the review child and her sister. Though CFSA and the court are exploring all possible permanency options available, the final decision will not be an easy one to make. On one hand, these children are stable and bonded with their foster family. However, on the other hand, long-term foster care is not permanency and there is no guarantee that the foster family will—as promised—keep the children until they are adults.

Despite the recent placement dilemma, the review child has been doing very well over the past two years. She currently receives case management services from CFSA and the private agency provider. The private agency currently provides most services for the child including weekly mentoring and medication management. She has a current diagnosis of ADHD for which she is taking Strattera and Concerta. She is also taking Clonidine to help her sleep. The review child attends individual therapy on a weekly basis. Treatment goals for the child were similar among service providers: ADHD management (being able to focus and stay on task in school), social skills (making and maintaining appropriate relationships, especially with boys), and self-esteem. Recently, her therapist and social worker have talked with her a little about her potential placement disruption; however, this has not been a primary focus.

### **Child's Current Status**

Given the current possibility of placement disruption, the child is doing very well. She is safe and very happy in her foster home and has shown good progress academically as well as socially (though she still needs to work on academics, social skills, and relationship building). Unlike other placements where the child took on a lot of responsibility to care for her sister, these foster parents try to “let the children be children” and are very caring and supportive of the child and her sister. When the child first entered into this home, she was described as “parentified”—her current foster parents have spent a lot of time trying to encourage her to be a kid and not worry about taking care of her sister.

The review child is currently in 7<sup>th</sup> grade and attends school near her family's home. Her full scale IQ is 78 and she currently reads at a 6<sup>th</sup>-grade level. She is making good progress academically, though she still has a lot of work to do. In the past year, her grade point average has risen from a 1.7 to 2.5. At this time, she has a 504 educational plan that allows her to obtain modified class work and daily tutoring services from the school. The plan really helps her get the academic support she needs.

Prior to being placed in her current foster home, the child was described as having low self-esteem. She also had some behavioral problems both at home and at school. Over the past year, her social skills have evolved and her behavior problems have decreased. She is currently described as being a “social butterfly” and has made some good friends at school. Though she does not participate in any regular extracurricular school activities, she has started attending school dances and games.

The review child was described as a responsible and fairly average teenager. She always lets her foster mother know her whereabouts and she doesn’t really cause trouble in school anymore. Recently, she wrote an inappropriate note to a boy that was discovered by her foster mother. This incident concerned everyone involved with the case and is currently being addressed in therapy and by the child’s case managers.

Finally, though the child is living with her sister, she spends very little time with her two brothers with whom she is not placed. She is able to visit with one brother every five or six weeks. However, it appears that the review child’s foster mother does not get along with her brother’s foster parent, which creates a barrier to visitation.

In sum, the child is doing well physically, is generally addressing issues as they come up emotionally, and is making progress academically. However, she doesn’t have any prospects for a permanent home and is clearly concerned about her future with her current foster parents.

### **Parent/Caregiver Status**

The child is in a solid foster home. The family is supportive and loving but firm; they draw very clear boundaries for the child that she respects and abides by. The family makes education a high priority and they encourage the child to think for herself and to have an opinion about the major decisions in her life. The child is safe and all of her basic needs are met. The foster mom takes the child to all of her scheduled appointments and is very involved in the decision-making process concerning the children.

### **Factors Contributing to Favorable Status**

The primary factors contributing to the favorable status of this case are the child’s resiliency, the support of the foster family, and the commitment of the case managers and service providers working with the child and the family. Overall, she is an impressive youth. After several moves and several trying years in the foster care system, she is doing fine and is willing to continue to work to make progress both emotionally and academically.

The family with whom the child currently lives is very supportive of her and her sister. They are committed to the child and to her development physically, emotionally, and academically. The foster mother is involved with service providers, makes sure the child gets to all of her appointments and to school regularly and on time, and is involved with case planning and decision making.



Finally, the team of people working on this case are very committed. Though they do not meet as a team, the case managers, AAG, GAL, therapist, and mentor communicate about the case and they are currently working together to try and find a solution to the pending placement dilemma.

### **Factors Contributing to Unfavorable Status**

The primary factors contributing to unfavorable status in this case are instability and impermanency. Though the child has been stable in her current foster home, the possibility of moving again is weighing heavily on her mind. Not only is she concerned with her own well-being if she has to leave this placement, but she and everyone else involved in the case are very concerned about the emotional well-being of her sister if they have to move.

The other factors contributing to unfavorable status are the lack of permanency prospects and the fact that the child and her sister have very limited visitation with their brothers.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The child and her foster family are satisfied with the services that they are receiving and they are very happy with the CFSA social worker. There are numerous resources and services available to the child and her family. The providers involved in the case are the right people and they are working diligently to support the children and the foster family and address the pending placement crisis. The team does not generally meet, but they do communicate with each other via telephone. Finally, everyone is very happy with the judge in this case and the way in which the CFSA social worker, the AAG, and the GAL are working together.

### **What's Not Working**

The primary problem with this case is that there is no clear permanency goal and, therefore, no path to permanency. The court-ordered permanency goal is adoption, but the child is living in a home that has never been willing or able to adopt. The child has been living in this home for two years, has bonded with the family, and is doing well on many levels. Unfortunately, because CFSA has never been able to secure permanency for the child in her ten years in its care, CFSA must make a decision about her future that either provides her with stability without permanency or permanency without stability. CFSA was not able to ensure timely permanency nine years ago, and none of the options available to remedy the child's current placement situation are ideal. If she is able to stay with this family in long-term foster care, there is no guarantee that the family will stay committed to her until she is an adult. Additionally, even if they do care for her until she is 18, it still leaves the child with no permanent legal family and no guaranteed commitment from the foster parents to be a part of her life indefinitely. If she is not allowed to stay in this family's home, the placement disruption will take a severe emotional toll on her and her sister.

The second challenge in this case is service team formation and functioning. There are numerous people working on this case. These providers do communicate, but they don't meet regularly as a team. This case is on the brink of a permanency crisis and the only time the "team members" have met to discuss the problem and brainstorm about options was at court after the potential problem with the current placement arose. The team came together to prevent an emergency rather than meeting regularly to plan for the case and evaluate the results of their progress towards meeting the case goal.

Finally, regardless of the outcome of this current placement dilemma, the child will be making some sort of transition. If her placement disrupts, she will be transitioning into a new family, school, and community. If she is able to stay in long-term foster care in her current placement, she will be transitioning into new private agency case management that will include a new therapist, psychiatrist, and mentor. The technical aspects of transition planning have taken place, such as what agencies the foster family could move to and how and when the current private agency will stop providing services. However, there appears to have been limited transition planning with the child, her sister, the foster family, or the service team.

#### **Six-Month Prognosis/Stability of Finding**

The child will continue to do well and may even improve over the next six months if she is able to remain with her sister in their current placement. If the child and her sister have to move, this case will decline tremendously.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Develop a team including the foster parents, the child, and providers to meet immediately to discuss the case, then schedule regular team meetings.
- Create a very realistic transition plan to address potential transitions—either transition into a new foster home or a transition into different services or both.
- Create a plan for the child that integrates all different services and plans. This plan should provide a clear path to achieving the permanency goal.
- Facilitate more regular sibling visits.
- Continue to work with the child on relationship building and positive relationships with males.

## **Written Case Review Summary**

Case 3

Review Date: April 4, 2005

Child's Placement: In-home with biological mother

### **Persons Interviewed (6)**

CFSA social worker, intake worker, intake supervisor, Multi-Systems Therapy (MST) social worker, youth (via telephone), and mother.

## **CHILD AND PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The case involves a 16-year-old-female with a history of truancy. She lives with her 55-year-old mother live in a two-bedroom apartment in Washington, DC. She and her mother receive services and support from CFSA. The case was opened in September 2004. It had previously come to the attention of the agency twice in 2003, both times because of allegations of truancy and failure to supervise. Both times, the case was referred to a collaborative.

The family receives services from three agencies. The mother is disabled and receives homemaker services. She had a stroke at age 29 and also was the victim of a gunshot wound to the head. She is able to walk but has limited mobility. The homemaker has become an active team member, trying to encourage the youth to attend school and offering to assist in the enforcement of certain rules.

Multi-systems therapy was put in place in February 2004. A social worker comes to the house three times a week to work with the mother on parenting skills, such as enforcing appropriate consequences. The youth is reportedly at home for approximately one of three sessions per week. She is usually out with friends during the other sessions.

CFSA opened the case six months ago and has been working with the family to try to enroll the youth in school and make sure she is safe. At the time of the review, the youth was not enrolled in school, but one had been identified that she agreed to attend. If she does not choose to attend regularly, once enrolled, more restrictive measures such as the involvement of a probation officer may be needed, as the youth has no regard for authority.

### **Child's Current Status**

The youth seems to be safe in her current home and living with her mother seems to be the best placement at this time. The youth is reportedly physically healthy and current on her routine appointments. She has a history of headaches, and her mother has made an appointment with a neurologist. The youth is not enrolled in school, nor has she attended regularly for at least two years; she was held back in the 7<sup>th</sup> grade twice because of truancy, and is currently in the 8<sup>th</sup> grade, though she is 16. She is supposed to enroll in an alternative night school program at a

high school that she selected. The youth is not receiving mental health services. In June of 2003, while unsupervised and out with her friends, in an area described by the mother as “unsafe,” the youth was reportedly pulled into a garage and raped. After this incident, her mother tried to schedule in-home family therapy but the youth did not attend. In addition to the truancy, this case was also reported to CFSA because the youth had been seen in an area known for prostitution. While there have been no substantiated reports of such behavior, and the youth denies it, there are significant concerns about how she spends her time. According to her mother, she has a 24-year-old ex-boyfriend who continues to pursue her. There are no current concerns that the youth is using substances, but both of her parents have a history of alcohol abuse, which could put her at risk. For at least two years, the youth has stayed home from school whenever she wanted and has gone out with her friends without telling her mother where she is going. She has recently been making an effort to call her mother to check in, but she continues to set her own schedule. The youth does not seem to have a strong informal support system outside of her friends, of whom her mother does not approve. They are reportedly either older than the youth or, if her age or younger, also not attending school.

### **Parent’s Status**

The mother is able to meet the youth’s basic needs, such as food, clothing, and housing. She also seems to be responsive to the assistance of the MST worker and homemaker. The mother reportedly understands the areas she needs to work on with her daughter and is willing to make changes, but there are concerns that the youth will not respond to them, as she has been allowed to come and go as she pleases for so many years. The mother seems to be unable to enforce rules on her daughter. Transportation has been a barrier for the family, as the mother cannot drive and relies on family members to take her and the youth where they need to go. There are some family members, such as the youth’s cousin, uncle, and brother, who help with transportation when they can, but there is no guaranteed source of transportation for the mother.

### **Factors Contributing to Favorable Status**

The youth is stable in the home with her mother. The mother seems to be willing to try to make changes and has begun creating rules and consequences with the help of the MST worker. The youth has verbally agreed to attend the school she has selected.

### **Factors Contributing to Unfavorable Status**

After six months, the youth is still not attending school and continues to go out whenever she wants to. The mother has not been able to assert her role as the parent and positively influence her daughter’s behavior. The youth does not seem to have any positive relationships with adults. The mother has concerns about the friends her daughter has chosen, as well as the potential dangers in the neighborhood. In addition, there are risk factors, such as the youth’s potential sexual behavior and substance abuse that have not been assessed or addressed.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The current system was rated highly because of the increased efforts the service team has made in the past three months. The CFSA social worker has taken the lead and enlisted the services of an MST provider. She has also worked with the youth and DC Public Schools (DCPS), to some extent, to identify a new school placement.

In the past three months, the CFSA social worker has begun to implement plans to assist this family. The MST worker has been working with the mother consistently and trying to make a connection with the youth as well. The team has a clear understanding of what needs to be done to close the case—the youth must attend school regularly and the mother must implement parenting strategies that ensure she knows where her daughter is at all times and that there are consequences when the youth breaks the rules. The team is also working on concurrent plans, so that if the youth does not regularly attend the school she has identified there will be other plans that can be put in place quickly. They are exploring Job Corps, a GED program, and the possibility of involving a probation officer.

### **What's Not Working Now and Why**

There were difficulties with DCPS when the CFSA social worker tried to enroll the youth in school. It does not seem that DCPS is collaborating with the team at this time; however, the CFSA social worker has been able to implement a plan on her own. There are transportation resources that the mother has not yet been able to access. The youth does not have an adult in her life that can motivate her and there is no planning in this area. Risk factors for the family, including substance abuse and sexual behavior, have not been adequately assessed.

### **Six-Month Forecast/Stability of Findings**

In the next six months, it is predicted that the youth's overall status is likely to remain the same. While she is expected to be enrolled in school very soon, she has not demonstrated efforts in the past to attend school regularly. Her service team members predict that she will struggle with regular attendance at first but will settle into the routine after a few weeks, but if this is not the case, they will implement a different plan. It is also predicted that the youth will continue to set her own schedule and live by her own rules, unless the mother can utilize something that motivates the youth, with the continued assistance of the MST and CFSA workers.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Involve the youth and her mother in identifying family members and other informal supports for both of them. The youth may be able to identify an adult with whom she already has a positive relationship.
- Gather more information about family risk factors, such as drug and alcohol use.
- Discuss with the youth the responsibilities and risks involved with being sexually active.
- Assist the mother in utilizing transportation resources.

## **Written Case Review Summary**

Case 4

Review Date: March 28, 2005

Child's Placement: Foster Home

### **Persons Interviewed (12)**

Child, current foster mother, previous foster mother, in-home and reunification social worker, private agency social worker, private agency supervisor, teacher, assistant attorney general, mother's attorney, two guardians ad litem

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts about the Child and Family**

This African-American family consists of the mother (age 31) and her two daughters—the review child (age ten) and an infant (age nine months). The mother also has two older sons who live with their fathers. In December 2004, the mother was living in a rooming house with her daughters. The mother left the review child alone in the room one night; the infant was staying with relatives at the time. While the mother was gone, a male resident of the rooming house raped the child. The mother later returned to the room, found the child injured, and contacted the police. The child was taken to the hospital where staff reported to CFSA that the mother was intoxicated. The child was evaluated, treated, and placed in a CFSA foster home along with her sister upon her discharge from the hospital.

The goal for this family is reunification within the next 12 months. The child currently receives foster care services provided by a private agency, special education services including speech and occupational therapy provided by the District public school system, and medical services as needed. The child received a brief course of clinical therapy but is no longer receiving this service. The mother receives casework counseling and supervised visitation with her children. She has completed parenting skills and anger management classes, as well as a substance abuse assessment through the Addiction Prevention and Recovery Administration (APRA). The mother reportedly attends Alcoholics Anonymous (AA) meetings.

### **Child's Current Status**

The child's overall status rating is in the refinement zone. She has exhibited a great deal of resiliency given the amount of trauma she has experienced over the past four months. She is described by everyone as a delightful child most of the time. She has a close bond with her mother and generally gets along well with the other children in the foster home, including her sister with whom she is placed. The child works hard at school and receives a great deal of support from her teacher and foster mother.

The child has many special needs. She suffered a traumatic brain injury at the age of two, has a shunt due to hydrocephaly, which reportedly resulted from that injury, and she has been

diagnosed as moderately mentally retarded. She received a neuropsychological evaluation in May 2003. The results indicated that she was functioning in the “low” range in all areas. The evaluator recommended physical therapy and a small, self-contained special education class. The child is in a 5<sup>th</sup> grade, self-contained special education class and is functioning on a 1<sup>st</sup>-grade level. She exhibits oppositional behavior, often sparked by small events, and in previous foster homes, she engaged in aggressive behaviors such as hitting and biting. The child experiences nighttime enuresis. It is not clear if some or all of these behaviors preceded the rape and removal from her mother’s care. The child received therapy soon after her initial placement but is no longer receiving therapy.

### **Parent/Caregiver’s Status**

The mother currently lives with relatives and recently began working as a cook. She has maintained a strong bond with her children during the placement period and has shown a commitment to having her children returned to her care. She visits her children twice per week and speaks to her daughter by phone as well. The mother has taken responsibility for leaving her daughter alone on more than one occasion. She has requested a psychological and psychiatric evaluation for herself and has expressed an interest in attending therapy. She has not, however, been able to acknowledge the extent of her alcohol use and has only been willing to attend AA to address the issue, even though a more intensive program was recently recommended by APRA. The mother is also in need of her own safe housing; the home she currently resides in is overcrowded and not appropriate for her children.

### **Factors Contributing to Favorable Status**

Although the child has been in three different foster homes since her removal four months ago, she is finally receiving the care that she needs and deserves in her current foster home placement, where she has resided for approximately five weeks. The current foster mother is committed to the child and is requesting special needs training so that she can best meet the child’s needs. The child is safe in this home and is in a safe and stable school environment. She is in an appropriate educational placement and her teacher and foster mother work together when issues regarding the child’s behavior or performance arise. Family connections are encouraged and maintained; visits take place both at the agency and in the foster home. The foster mother has developed a relationship with the mother and their ability to work together has had a positive impact on the child’s adjustment in the foster home.

### **Factors Contributing to Unfavorable Status**

Continuing areas of concern are the child’s emotional and behavioral well being. Her anger is quick, intense, and unpredictable. Her behavior can be quite challenging at times and she needs constant prodding to perform daily living skills, such as maintaining her hygiene and dressing herself. She has few friends and is reluctant to share her thoughts and feelings with her foster mother. The child’s lack of stability since entering foster care is a serious concern as well.

The mother reportedly continues to have a problem with alcohol and is not ready to deal with the issue. She has not had the clinical evaluations she requested, which is unfortunate given how

unusual it is for someone to request these for herself. The mother has recently begun to visit the foster home unexpectedly, which presents a problem for the foster family. The mother has not yet been able to locate appropriate housing and this could apparently take quite some time.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The mother has reportedly worked closely with the case manager. She keeps in contact by phone and attends appointments with the case manager on a regular basis. The team meets regularly; the members fully respect each other and work well together. All team members share the same long-term view and have developed a plan that includes some of the services that are needed to assure safe case closure. The team has identified the need for stable housing, for the mother to receive alcohol treatment as recommended by APRA, and for the mother to remain drug and alcohol free. The team has also agreed that psychiatric and psychological evaluations of the mother are necessary, as well as individual therapy. Everyone on the team shares the same understanding of the ASFA timelines and how they impact this case. All team members, including the mother and the court, have agreed on the specifics of this service plan and the team meets on a regular basis to track progress. The family court process has moved quickly and effectively thus far; the mother stipulated to failure to protect and substance use; the case went to disposition at the end of January and is on for court review in April.

### **What's Not Working Now and Why**

The practice performance rating is in the improvement zone. Since December, two social workers have been assigned to this case. An in-home and reunification worker, and now the contract agency worker have each functioned as the case manager for short periods of time. While each worker carried out many of their responsibilities well, this lack of worker continuity in a three-month period has led to gaps in leadership, team functioning, service provision, and accountability. The mother has not received the clinical evaluations she requested or individual therapy, both of which were court-ordered. The child's therapy terminated because she was transferred to the private agency foster home weeks before the staffing for the case transfer occurred. Information regarding the child's therapy was not shared prior to the staffing, the child was not brought to therapy, and the therapist closed the case. At the debriefing following the review of this case, the review team was informed that a new site for therapy has been located and approved. An evaluation needs to be done, however, to determine the appropriate type of therapy for this special needs child.

The child did not receive appropriate care in the first two foster homes in which she resided. The foster mothers reportedly did not have the skills necessary to parent a child with her needs and they were not provided with opportunities to develop the necessary skills. Both placements deteriorated to the point where the child had to be removed on an emergency basis. One foster mother put the child and her belongings out on the curb and called the police to pick her up. Foster home selection for the child should have been done with attention to matching child's



needs with the foster parent's abilities or addition of appropriate supports to maintain the placement.

While the case plan generally addresses most of the needs presented by this family, the plan needs to be adjusted to specifically address the needs of this mother and child. For example, although the mother completed parenting skills training, she should receive the same type of special needs training that the foster mother is requesting. The team also needs to develop a strategy to work with the mother to motivate her to accept the substance abuse treatment services that she requires. Lastly, the service team lacks knowledge regarding resources that are available to help the mother locate appropriate housing. All of these services are critical in order to achieve safe case closure.

### **Six-Month Forecast/Stability of Findings**

If the child receives the evaluation and therapy that she needs and the foster mother receives the training and support that she is requesting, then the situation should continue status quo. If the team does not provide these necessary services in a timely fashion, then it is very possible that the child's status will deteriorate. The team also needs to provide the mother with the services that she requires in order to continue to move towards the goal of reunification.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Neuropsychological evaluation and appropriate intervention for the child.
- Special needs training and support for the foster mother and the biological mother.
- Psychological and psychiatric evaluations for the mother followed by timely implementation of recommendations in collaboration with the mother.
- Should individual therapy be recommended for the mother, utilize the therapist to begin to help the mother to address her alcohol problem, given her current resistance to substance abuse treatment programs.
- Utilize all available resources to assist the mother in locating housing.

## **Written Case Review Summary**

Case 5

Review Date: March 30, 2005

Child's Placement: Traditional Foster Home (through private agency)

### **Persons Interviewed (6)**

Private agency social worker and supervisor, school social worker and classroom teacher, assistant attorney general assigned to the case, and the foster mother.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The review child is a three-year-old African-American male who currently resides in a traditional foster home with his brother and sister. He has one additional sibling involved with the child welfare system who is placed separately, and there are reportedly three additional siblings who are not involved with the system. No placement information was available regarding them.

The review child's family became known to CFSA in August 2001. Following a hotline call and an investigation of neglect (unsafe living conditions), intensive services were provided to the family. Family preservation services, community collaborative services and intensive wrap-around therapeutic services were implemented. After 16 weeks of service, the family preservation service was terminated citing "risk reduction was somewhat achieved."

In 2002, another hotline complaint was received and investigated, and supported for neglect. In-home services were again provided. CFSA petitioned for removal, but the request was denied. In 2004, removal was again recommended and approved. In March 2004, the children were placed in shelter care. In April 2004, the review child and his siblings were committed to CFSA.

Initially, the review child was placed at a group home for infants. He then moved to the traditional foster home where he currently resides. The child is slated for permanent placement with his paternal grandparents, with whom he and his siblings frequently visit. Space is an ongoing barrier and will prevent siblings from being placed with him. The grandparents have been told they do not qualify for guardianship subsidy because their home is not licensable. The social worker indicated that the home was not going to meet licensing requirements because it was too small and could not accommodate all of the children. The grandparents are willing to take all of the children and the Agency has federal funds available designed to assist families with these issues.

The child was diagnosed with developmental delays and was placed in an early intervention program to support development. The child and his siblings receive medical and dental services through approved Medicaid providers.

**Child's Current Status**

The child's overall status is in the maintenance zone. There are no longer signs of developmental delay, and his school teacher reports that he is functioning on age-level and should be ready for preschool. He has increased visitation with his grandparents and should be ready to move in with them. Though the licensing issues have not been resolved, the child was supposed to be moving with his grandparents while the siblings remain in placement. The primary concerns regarding the child's status are the pending changes, including separation from his siblings and potential resentment from them because he is being placed with relatives and they are not. The child is in good physical health.

**Parent/Caregiver's Status**

The parent/caregiver's status is in the improvement zone. The foster parent involved in the case seems to be satisfied with services, however, her input is not sought and she does not participate in decision making. The paternal grandparents are interested in taking custody of all the children, and the social worker stated that she believes they would be appropriate caregivers; however, they are unable to take custody due to inadequate space in their apartment. Additionally, the social worker reported that they will not qualify for subsidized guardianship (as noted above), and this is an additional barrier for them in obtaining a larger residence. This "reason vs. rules" roadblock is likely to lead to the separation of the family members since the child will move in with his paternal grandparents and none of his siblings will be allowed to do so.

The child maintains sporadic contact with his mother. Weekly visitation is permitted, however, the social worker reports that due to frequent "no-shows" on the part of his mother, the mother must confirm visitation to the social worker one day prior to the visit. She reportedly fails to do this often, and visitation is cancelled frequently. The child's goal is guardianship. His mother reportedly is in favor of having her children placed with relatives and is okay with the child's permanency goal.

The child and his siblings are receiving all of the necessary supports for food, shelter, and other basic needs from their foster parents. Additionally, his siblings receive therapy services, which the child has been excluded from due to his young age. The child and his siblings live in a safe environment with caregivers who look out for their best interests, set appropriate boundaries for the child, and provide nurturing.

**Factors Contributing to a Favorable Status**

This case has many strengths contributing to its favorable status rating. The child has a good support system. The professionals working on his behalf, as well as his foster and biological family members, believe that he has made improvements in his development and are there to support him in continuing development.

### **Factors Contributing to Unfavorable Status**

The primary concern regarding this case is how separation from his siblings will affect the review child. Due to his young age, it is difficult to determine how he feels about the pending separation. However, statements made by his siblings indicate that they are feeling resentment and jealousy.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The service team, consisting primarily of the child's private agency caseworker, early intervention providers, paternal grandparents, and foster mother, is making progress despite poor communication. The child has been able to achieve development and maintain relationships with his family members during his time in the system. The team members all express genuine concern about the well-being of the child, and the paternal grandparents are invested in continued involvement with the child and his siblings.

System functions that are working include meeting the health and educational needs of the child and providing an appropriate foster placement, which keeps the child with his siblings.

### **What's Not Working Now and Why**

It appears that the system is providing a roadblock to family unification and case closure. While significant services seem to have been offered to the biological parents prior to the children coming into care, it does not seem that the same level of services are being offered to other relative resources who have demonstrated a willingness to assume custody of the children. The service team is disjointed and many players seem to lack a basic understanding of services available to kinship care providers and how to access them.

The major system factor that does not seem to be working well is the permanency planning, including the long-term view for this family. Planning appears to be fragmented and insufficient, and opportunities for safe case closure are being missed.

### **Six-Month Prognosis/Stability of Findings**

In the next six months, the review child will move in with his paternal grandparents and be separated from his siblings. Based on the current system performance, the overall status of this child is likely to remain stagnant or decline within the next six months. The child's transition to his paternal grandparents, while in itself appears to be a positive move, is likely to trigger hostility from siblings and may damage the sibling relationships. Additionally, the child, who up to this point has shared the foster care experience with his siblings, will no longer have them as a natural support to cope with the transition.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- The social worker should meet the paternal grandparents in their home to assess the space and solicit suggestions and ideas about overcoming the space barrier (to include the possible

use of federal flex dollars). The social worker can also assess the willingness of the grandparents to move and their ability to sustain payment of larger space.

- The social worker should research the federal funds available through CFSA to assist the grandparents in securing an appropriate living arrangement.
- The team to implement a more proactive approach to case planning by the social worker initiating contact with other team members and soliciting input and observations from other key players who may have insight, including the foster parent and school personnel.
- Verify the safety/status of youth not committed to the agency who are residing with the biological parents or elsewhere.
- Initiate therapeutic intervention for the siblings to address the pending separation.
- Explore other relative resources that may be willing to provide permanent care for the siblings.

## **Written Case Review Summary**

Case 6

Review Date: March 28, 2005

Child's Placement: Kinship Foster Home

### **Persons Interviewed During This Review (14)**

Social work supervisor, social worker, guardian ad litem, assistant attorney general, mentor, mother, maternal grandmother (MGM), younger maternal great-aunt (current placement), maternal great-grandmother, two brothers, elder maternal great-aunt (original placement), collaborative case manager and collaborative housing specialist

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The review child is a 13-year-old African-American male and the oldest of six children. His two brothers and three sisters range from two months old to 12 years old. The child and his brothers live with their maternal great-aunt and great-grandmother, one sister lives with a maternal cousin, one sister lives with the maternal grandmother, and his youngest sister lives with their mother.

In October 2003, the child and his four siblings came into the child welfare system. Their mother called the police and requested removal of the children after she had used PCP and did not feel safe with her children. The police contacted CFSA to find placement for the children, and when no relatives were identified, the children were sent to an infant and maternity home and their mother was admitted to a hospital.

Since the time the children entered care, the mother has given birth to another child. This three-month-old is living with the mother in an apartment rented by a female friend of the mother.

The child's current living situation indicates optimal safety for the two brothers. He lives with a reliable maternal great-aunt and great-grandmother, within walking distance from school. The child and his brothers do not have a history of abuse, neglect, or sexual exploitation.

### **Child's Current Status**

The child and his two brothers are living with their great-aunt and great-grandmother in a one-bedroom apartment. The space limits his ability for privacy and exposes him to conversations that have a negative effect on his family pride. The great-aunt is willing to move to a larger apartment; however, she has ties to her current residence that are helpful in the care of her elderly mother. Additionally, her daughter lives nearby and is the kinship placement for one of the female siblings and is a great help with the boys. The great-aunt, therefore, does not want to move far from her current apartment.

The child has inadequate stability in the home environment. He has experienced two placement disruptions since coming into care 18 months ago. Immediately after removal from his mother, the child was placed at an infant and maternity home with his siblings. The three boys were moved to the elder maternal great-aunt's home after she obtained a foster care license.

Placement with the elder great-aunt lasted one year and was disrupted when the maternal grandmother elected to pick the siblings up from school on the day before her sister's wedding. This act prevented the children from participating in the wedding of their elder great-aunt with whom they had been living. The great-aunt was frustrated by the lack of a quick and efficient response from CFSA regarding her sister's deliberate act, which "ruined the wedding."

When the elder great-aunt returned from her honeymoon, she informed CFSA she could no longer care for the boys. A meeting with the three sisters was called by the social worker and supervisor as a result of this crisis. The boys were then placed for the third time with the younger great-aunt who had agreed to baby-sit the boys during the elder aunt's honeymoon. This placement is a "temporary baby-sitting arrangement" sanctioned by CFSA and the court. This aunt does not have a foster care license. The actions of the maternal grandmother have caused a change in the trajectory of this case for the boys and established the potential for siblings raised separately and outside of their biological family.

The child and his brothers have serious unresolved permanency issues that are progressively getting worse. The permanency goal changed at the 14-month mark (December 2004) from reunification with the mother to guardianship with the maternal grandmother. However, there has been limited movement toward this permanency goal because of the maternal grandmother's small apartment, and there had been some discussion about changing the goal to guardianship with the elder great-aunt with whom they had been residing.

Because of the actions of the maternal grandmother at the time of her sister's wedding, there is now disagreement on future placement for the boys. The worker and supervisor are advocates of placing the boys into a non-kinship foster care placement with a goal of adoption. The GAL is not sure of what the plan should be but has believed that the maternal grandmother is capable of caring for the children. Other team members (the two collaboratives working with the maternal grandmother and great-aunt, the mentor and school) have not been consulted regarding permanency issues. All of the family members advocate guardianship with the maternal grandmother, which remains the permanency goal in court. The family is maintaining optimal communication despite the trauma caused by the "wedding incident" and family members are seeking resources without the direction of CFSA to achieve the goal of guardianship for the maternal grandmother.

The child is currently in the 6<sup>th</sup> grade in the same D.C. public school with his two brothers. He repeated 3<sup>rd</sup> grade due to frequent absences when he was living with his mother and is in the same grade with his middle brother. He reportedly is doing well in school.

There has been one disruption in the school setting since coming into care. The boys were transferred from a school near their mother's apartment to the current school within walking distance of the maternal great-aunt, where they are currently residing. In order to ensure the children were in school on time and in part because of this family's sense of shared responsibility, the boys stayed with the younger great-aunt during the week and spent some weekends with the maternal grandmother throughout their entire formal kinship care placement with the elder great-aunt.

The child will experience another school change in the fall due to a promotion to junior high school. No applications have been made for the child or his brother, who is also in 6<sup>th</sup> grade, to attend a junior high school. Unfortunately, the great-aunt was not aware of the support CFSA can provide to make sure the boys attend 6<sup>th</sup>-grade graduation trips and events and no plans have been made for their participation.

The child does not appear to have friends of his age outside of school. The maternal great-aunt requires the child and his brothers to stay indoors most of the time because she has health problems and does not have the energy to take the boys to and from activities. There has been little attention focused on the review child's development of a network of friends; however, he does have a talented mentor who organized and/or accompanies him and his brother to activities.

The child is of normal height and build. There was no information to determine his weight or past medical history. There is no information regarding emergency room use. There is documentation of a recent visit to a primary care physician and a dentist. The child has Medicaid managed care health insurance. The child does not have a history of medication use.

The child has good emotional and behavioral functioning. He enjoys a positive relationship with his mentor, his mother, grandmother, and siblings. He is described as "likable" and as having a lot of promise. His siblings look up to the review child as their leader and role model, although many worry that he takes on too much responsibility related to his siblings. The child demonstrates responsible behavior in daily interactions, habits, and attitudes. His patterns of responsible choices are consistently good.

The child has made it clear to all team members that he is willing to live with any member of his immediate family. He would like to remain with his brothers. He is quite opposed to foster care, which could significantly disrupt his emotional and behavioral well-being.

### **Parent/Caregiver Status**

Adequate housing is problematic for the mother, the great-aunt who is currently providing placement for the boys, and for the maternal grandmother. (The boys had been placed with the eldest great-aunt in part because her housing situation was adequate and stable.) Currently, two collaboratives are working with this family. One collaborative is working with the great-aunt to secure housing for her and the boys and another collaborative is working with the maternal



grandmother to find a house large enough for her and all of the children. Neither collaborative nor the social worker knew about the duplicative work, and this work may be irrelevant if the children are placed in foster care.

### ***Great-aunt – Temporary Caregiver***

The great-aunt is experiencing minor problems in her ability to consistently provide the child with the developmental needs of an emerging pubescent male. The younger great-aunt was asked by CFSA to make a long-term commitment for guardianship of the boys after the elder great-aunt's sister would not accept the boys back after the "wedding incident." The great-aunt reports she will go to the necessary lengths of obtaining guardianship to prevent the children from placement in foster care even if she and the other family members believe a different course of action is better for the children and family. The great-aunt would prefer that the children live with her younger sister—the maternal grandmother. She is dissatisfied with the actions of CFSA to prevent the maternal grandmother from obtaining guardianship of the children. The great-aunt reports that if assisted to find adequate-sized housing, the maternal grandmother is the best guardian for the children. The maternal grandmother is planning on becoming the guardian and the children are bonded with her. There is no evidence that the maternal grandmother has ever caused harm to or endangered the children.

### ***Mother***

The mother is free from the use of substances at this time; she has had negative, albeit sporadic, toxicology screens for the past year. She participates in a substance abuse and counseling program at a local hospital, and has a good relationship with a counselor and psychiatrist in the program. The mother worked hard to address her substance abuse problem once she realized it was possible the children would not return to her and, unfortunately, the ASFA timeline had almost run its course at the time of this realization.

The mother is caring for the newest arrival to the family—a healthy and beautiful two-month-old infant. She indicates her life has completely changed since the time of the children's removal—that she has gone from being an incredibly angry and oppositional person to being far more focused on caring for her infant and turning her life around. Unfortunately, the positive changes demonstrated by the mother are virtually unnoticed by the service team.

### **Factors Contributing to Favorable Status**

The child is doing very well at home and at school. He indicates that he is supported by his family, his mentor, and the social worker. He is a good role model for his siblings. The mentor gives him an opportunity to be a normal adolescent male and provides a positive, culturally appropriate male role model. The mentor includes his brothers in the circle of activities and exposes the child and siblings to other people. This example of informal supports and connections has contributed greatly to this child's stability, and to the great-aunt's respite.

The family is committed to these children and makes significant sacrifices to keep them out of foster care. The mother is engaged in the children's lives.

**Factors Contributing to Unfavorable Status**

There is little coordination among team members to work toward a common permanency goal for the child. This team also seems to be waiting for a court hearing and having the court make a decision about next steps instead of the team getting an agreed-upon plan together with the family and then presenting it to the court. The mother reports she was not told about the ASFA timeline until it was too late; she reports she is still very interested in having her children returned to her.

The mother's housing situation remains tenuous and she is relying on the generosity of family and friends for shelter. The community collaboratives are not working with the mother to obtain housing for herself and the infant, nor is anyone thinking creatively about how a basement apartment in one of the above-mentioned homes might be appropriate for the mother as well.

Due to her health constraints and sedentary lifestyle, the great-aunt is unable to meet any extraordinary demands that may occur. She is overwhelmed with meeting the basic needs of the children, such as laundry for the three siblings.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY****What's Working Now**

The child's family has been working together all along to keep the children in kinship care. While the family has experienced a major upheaval after the "wedding incident," they still pulled together for the best interest of the children. Throughout the lives of these children, the family has rallied to their support. The maternal sisters, though not the best of friends, have been able to work out an informal and functional system of care for the children before they were removed from the mother and throughout their placement in kinship care. Even though the two older sisters did not seem to talk with their younger sister (the maternal grandmother), the children moved comfortably among the three homes within a web of support that has met the needs of the entire family. CFSA has made significant efforts to keep these children within their family.

**What's Not Working Now and Why**

There is poor team formation for the child and his family. There is a lack of coordination and leadership among the disparate parties in what could be a relatively comprehensive family team. The service team members are working in isolation and frequently base decisions on outdated information. Some team members are not consulted in the decision-making process; there is duplication of efforts and, in some cases, these efforts are directly opposed to each other. All parties are awaiting a court hearing to determine placement for the boys instead of working cohesively to establish a plan in the best interest of the child/children and family. The family's voice is not weighed heavily on the team despite their demonstrated ability to care for the child and his siblings.

There have been four social workers assigned to this family since the children came into care in October 2003. The family and team members report this has been exceptionally disruptive and

contributed to the lack of clear planning. As a result, assessments have been point in time and not an ongoing process. Conflicting opinions exist between CFSA and the family about the risks of the children in the care of the maternal grandmother. There is also an inadequate assessment of the mother's functioning and current drug use and she is not visited regularly.

There is not an effective pathway to permanency for the children or a long-term view for safe case closure. The family members have a poor understanding of the current permanency planning and placement decision-making process for the child and his brothers. Permanency goals are verbally changing, yet the written goal before the family court has remained guardianship with the maternal grandmother. At this late date (the children have been with kinship providers for over a year), there is the real possibility that the boys will be placed into traditional foster care with goals of adoption.

Limited supports are provided to the current caregiver. The great-aunt had received monetary support for the boys; however, she was not counseled on other services for the child and his siblings. While the maternal grandmother does not have a separate income to support the children, she has been assisted by the collaborative to find a home large enough for herself and four or five of the children. The funds provided by CFSA per child placed would cover the cost of housing and, with budgeting assistance, would leave adequate funds to care for the children.

This was the second unauthorized movement of these children and specific recommendations had been requested previously by the elder great-aunt. The lack of swift action by CFSA is an ongoing cause of concern and dissatisfaction by the great-aunt. There is no written advice to families, foster parents, or social workers regarding what to do if children are removed in an unauthorized manner by family members.

### **Six-Month Forecast/Stability of Findings**

The projected status for the child in the next six months is dependent on whether or not he is placed into foster care. If he remains with family members in an environment that will provide stability and permanency, his status will likely improve. If he is placed in foster care, his outcomes will likely deteriorate and his chances for permanency will decrease dramatically.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Conduct a team meeting to give all parties the opportunity to voice strengths, concerns, and needs. This will also provide the opportunity for developing a cohesive plan that will be in the best interest of the child and his siblings. This plan should include the development of a workable permanency plan and a time-specific roadmap.
- Coordinate efforts to ensure that housing resources are acquired and used in a way that best supports all of the children. Secure housing for the mother and her infant
- Ensure the child participates in his graduation activities and begin planning for the next school year. Provide assistance with graduation expenses and activities.

- Complete assessments regarding the functioning of the mother and the maternal grandmother. Ongoing functional assessments should focus on current caregiving strengths and needs.
- Clarify case management responsibility for the infant. Currently, CFSA holds family responsibility and efforts need to be made to support the mother and her new infant.
- Once a decision is made about permanency, the children should be assessed to determine if they need additional mental health support to manage the permanency arrangement.
- The great-aunt may benefit from respite services to ensure her health remains stable.

## **Written Case Review Summary**

Case 7

Review Date: March 28, 2005

Child's Placement: Pre-Adoptive CFSA Foster Home

Persons Interviewed during this Review (13)

Foster parent, biological father's therapist, regular education and special education teachers, guardian ad litem, CFSA student intern, CFSA supervisory social worker, child, biological father, biological mother, educational advocate, assistant attorney general, CFSA social worker

### **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

#### **Facts about the Child and Family**

The child is an African-American male who just turned ten years old in December 2004. He is currently living with his pre-adoptive family in a CFSA foster home. The child and his two sisters came to the attention of CFSA in April 1995, when it was reported that their biological parents were feeding the child whole milk, the children had poor hygiene, and the parents had poor survival skills. In addition, it was reported in May 1996 that the parents were not providing adequate care of the children. It was observed that there was little food in the home and that the father was spending his income from Social Security benefits on illegal substances (drugs).

The father has a history of drug abuse, including alcohol consumption. He has also been diagnosed with mild mental retardation and schizophrenia. The mother is diagnosed with moderate mental retardation. It was assessed that their mental capacity impeded their ability to adequately provide parental care and supervision. As a result, the children were placed with their maternal grandmother. However, in August 1997, it became necessary to remove the children from the care of the maternal grandmother due to lack of food, the physical condition of the home, and medical problems that would prevent the grandmother from providing further care for the child and his siblings. The child was placed in a foster home with CFSA.

#### **Child's Current Status**

The child has been in his current pre-adoptive placement with his two sisters since June 2004, and his case is moving slowly toward adoption. Though the child has been in CFSA care for a significant amount of time, the agency wants to ensure that the family receives all of the support necessary to care for the child and his sisters once the adoption is final.

The child currently receives medication management and is prescribed the following medications: Clonidine, Zyprexa, and Adderall. Though the child is taking a significant amount of medication at this time, his current diagnosis is unclear and was not confirmed during this review. There were no available psychological, psychiatric evaluations from the agency providing mental

health services to the child. It was reported that the child has not received individual therapy since January 2005 and has missed approximately two scheduled appointments.

The child receives special education services in his current school setting. He is easily distracted and has a very short attention span. The child also has difficulty staying on task. If rewarded after completion of a task (such as a cookie), the child is more engaged in the learning process. School personnel are recommending an increase in his special education services (up to eight hours) at this time. The child would benefit from a self-contained classroom with 7-10 students; efforts are being implemented to explore another school setting for him. The child may need summer school instruction to address challenges in the areas of reading and math.

The child's status is favorable. Therefore, efforts should be made to maintain and build upon this positive situation. His family, legal, and community domains are safe and stable at this time. The child is not at risk for a change in placement from his pre-adoptive foster care home, which is an extremely positive placement for the child, in part because he is placed with his two sisters and able to maintain that particular family bond. The child's foster mother and primary caregiver seems committed to him and verbalized a willingness to ensure that his needs as identified are met. The child has no reported medical, health issues at this time.

#### **Parent/Caregiver's Status**

The biological parents are married and have been in a committed relationship since at least 1993. They have two other children, in addition to the review child, who are placed in the same pre-adoptive home. The parents continue to have visitation with the child, although sporadic. A bonding study was completed in August 2004 and the conclusion was that the parents are unable to provide adequate guidance and structure in order to appropriately parent their children. The father has been diagnosed with mild mental retardation and schizophrenia. The mother is diagnosed with moderate mental retardation. The parents expressed a desire to have the children back home. They acknowledged being confused about the status of the case and stated that it would be helpful for the children to be home with them because they are confused and they want their children back.

The parents are currently living in the District in an apartment. Reportedly, the father receives SSI benefits and the mother has been employed over recent years. They clearly love their children; however, they are unable (due to their intellectual challenges) to appropriately parent. The biological parents' mental health provider has attempted to explain the children's situation with them. However, a lack of communication with CFSA has impeded the provider's ability to provide and process correct information to the family. The child appears to be ambivalent regarding the monthly visitation with his parents.

#### **Factors Contributing to Favorable Status**

The child has been stable and safe in the current pre-adoptive foster home since June 2004. He is placed with his biological sisters and they seem to enjoy a close relationship, therefore, allowing him to maintain that family bond. The permanency prospects for the child are favorable.

As mentioned before, movement toward adoption has been carefully planned and is moving slowly in an attempt to ensure that the family will have all of the support they need to care for the children once the adoption is finalized. Supportive interventions have been identified and implemented for the child. Efforts are being made to identify and access appropriate educational services. The child's health has been acceptable and will likely be maintained with proper nutrition and routine physical examinations.

### **Factors Contributing to Unfavorable Status**

The major contributing factors to unfavorable child status are educational placement and medication management. The child is placed in a school setting that is unable to meet his identified academic and behavioral needs. School staff is extending their efforts to address the identified challenges; however, there is not consistent planning with other staff, such as the assigned educational advocate.

With regard to medication management, there is no clear mechanism in which concerns with prescribed medication are followed up on. In addition, it could not be determined if the service provider was maintaining consistent contact with both the pre-adoptive foster parent and CFSA staff.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The child is maintaining family connections; he is in a stable pre-adoptive foster home with his two sisters. CFSA staff and the pre-adoptive foster parent are working towards providing identified services and achieving the stated permanency goal of adoption. The child remains a healthy child and does not present with any health concerns at this time.

### **What's Not Working Now and Why**

The system performance for this case requires improvements and refinements across several planning indicators. Although the child is prescribed medications, including a new prescription within the last 30 days, the urgency of follow-up, warranted due to the side effects, does not seem to be present.

The child's educational advocate has not been given full access to educational meetings and/or assessments on the child. As a result, appropriate planning cannot be fully implemented to address the child's educational needs. The system needs to implement improvements in the areas of concrete supports, such as tutoring and mental health services. Additionally, the child's team should consider finding an alternative educational placement that could provide the child with the intensive support he needs on a daily basis.

Finally, the child has been in the care of CFSA for ten years and still has no permanent placement. The most recent pre-adoptive home looks like it will become a permanent placement, but this child has been in the care of the system for much too long.

**Six-Month Prognosis/Stability of Findings**

Based on review findings, over the next six months, the child's situation is likely to remain status quo.

**Practical Steps to Sustain Success and Overcome Current Problems**

- Develop a concrete plan for medication management follow-up that the foster parent and mental health providers agree to adhere to.
- Full exploration of appropriate educational setting.
- CFSA should maintain case management responsibility to ensure comprehensive follow-up.
- The adoption should be finalized as quickly as is reasonably possible.



## **Written Case Review Summary**

Case 8

Review Date: March 30, 2005

Child's Placement: In-home

### **Persons Interviewed (8):**

Mother , In-Home and Reunification social worker, child, In-Home and Reunification supervisory social worker, maternal aunt, Intake and Investigations supervisory social worker, maternal grandmother, and teacher

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The household is composed of the mother (age 26), the review child (eight-year-old male), and an infant (three-month-old female). Approximately one year prior to the review, the mother's brother and paramour were both shot and killed within days of each other and the mother feared that someone would attempt to hurt or kill her as well. In addition to losing two people who were close to her, the mother found out shortly afterwards that she was several months pregnant with the deceased paramour's child. The family became known to the agency in January 2005, from a report that both mother and infant tested positive for PCP at the time of the infant's birth.

The family lives in a two-bedroom subsidized apartment. The mother and infant are involved in an infant wellness program and a specialized neurology program to monitor the infant's developmental progress. The mother was referred for substance abuse treatment services through the Addiction Prevention and Recovery Administration (APRA). The mother and the review child were referred for grief and loss counseling to address the deaths of the mother's paramour and brother. The mother was also referred to a collaborative for supportive services. The review child is receiving tutoring services through his school and sees a primary care physician for medical care.

### **Child's Current Status**

The review child's overall rating is in the maintenance zone. There are no immediate safety concerns identified, the home environment is appropriate and relatively stable, and his physical and emotional health are both good at this time. The child's academic placement is outstanding and very supportive in meeting the child's needs. The school has intervened to address disruptive behaviors, which presented at the beginning of the school year, by implementing counseling, tutoring, and a reading specialist for the child. As a result, he received numerous awards for "most improvement" and is close to reading at his grade level. He is performing on grade level in all other subjects. He absolutely loves school and wants to succeed. He attends school regularly and rarely arrives late. The child gets along well with his peers and has minimal behavior concerns; he has friends in grade levels above and below his own and is known at the

school as “a real charmer.” He is also said to be a leader, both at home and school. The family is very involved in his education and a family member goes to the school at least three times a week.

The only factor that presents lower ratings for this child are related to the mother’s substance abuse; if she continues to use drugs or to deteriorate emotionally, the child’s stability in the home is at risk.

### **Parent/Caregiver’s Status**

The mother has admitted sporadic drug use and admitted herself into an eight-day detoxification program. She had difficulty entering outpatient treatment because she had not had a tuberculosis test; the mother confronted several barriers in obtaining this test. When she completed the test, she continued to have difficulty in being assigned an outpatient program. She feels that her participation in the detoxification program was positive. While she feels she needs the services to which she was referred and that she has been treated respectfully, she expressed that she had little choice in the service providers and also indicated that she has not built a relationship with any of the service providers. She has not yet engaged in any of the services for which she has been referred through CFSA. The mother’s emotional status is fragile and her drug use is directly connected to her depression, as it eases her anxiety and makes her feel better.

### **Factors Contributing to Favorable Status**

The review child currently appears to be coping with the losses that he suffered last year. This is largely due to the support of family members and the school. The family has not been involved in any community services until recently, but familial support has been extensive. The extended family has contributed financially and provides care for the children whenever needed, including when the mother was in the detoxification program. The child does not appear to have any immediate safety concerns and the current stability of the home also contributes to the child’s favorable status.

### **Factors Contributing to Unfavorable Status**

Though the mother has been referred for numerous supportive services, there has been little to no follow through by coordinating parties to ensure that these services are in place. Additionally, the mother has such an overwhelming number of service providers attempting to work with her, she feels inundated with calls and requests for tasks for her to complete. She is experiencing increased stress due to the recent birth of her baby and providing care for the infant, while trying to participate in services offered. Her overwhelming depression is apparent but is not currently being addressed. As the anniversary of the deaths is approaching, there is the potential for increased levels of depression, which could potentially result in relapse of drug use and place the children at risk.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The service system functions that are working adequately for this family are the supports of the school and the extended family. The school has provided services to aid with the child's emotional and behavioral well-being as well as his academic performance. School personnel have also engaged with and developed a positive relationship with the family. The extended family has provided financial, emotional, and childcare assistance which have relieved some of the stresses on the mother during her involvement with CFSA, drug treatment, and caring for an infant. Additionally, an appropriate service plan has been developed for the family. The plan outlines the requirements for case closure.

### **What's Not Working Now and Why**

The social worker has several "crisis cases" that have kept her busy between the assignment of this case and the current time. This left the mother to coordinate and follow through with all of the services on her own. She has "so many appointments and so many people calling, that [she] can't keep it straight" and sometimes has difficulty getting out of bed because she doesn't know "where to begin."

The mother and child have had very little contact with the social worker on this case. The worker has not interviewed the child, nor does the child know who the social worker is. The mother has had two face-to-face contacts with the worker—one at the office and another very brief visit at her home. There has been somewhat regular phone contact to remind the mother of appointments; however, there has been little to no engagement of the mother or the child.

There is no formation of a team in this case, there is little or no contact with providers, and the provision of services to the family is failing. The grief counselor told the mother to "do what [she] has to, then call for therapy." This reflects a lack of coordination and communication with providers, as this service should be a priority for the mother and child. There has been no contact with the child's teacher or school and the CFSA worker was unaware that there will be a significant delay in getting an appointment for the child to participate in therapy. The mother attempted to enroll in an outpatient drug treatment program more than two months ago, but she encountered barriers with which she received no assistance to overcome. It is unknown how long the mother was in the detoxification program, the level of participation in the program, or what the recommendations were upon discharge. The current status of the family has not been adequately assessed; as such, the service plan has not been modified as needed. There is a lack of tracking for progress and communication with providers in this case.

Although there is an agency focus on substance abuse treatment for the mother, all other parties involved see a greater need for grief counseling. One of the family members summarized the status succinctly by stating that the mother "is trying to get her life together, but the grief keeps pulling her back." Although there is a tangible plan for safe case closure, the plan is being

implemented without any understanding of how to accomplish this without overwhelming the mother. The mother is clear about what is needed for safe case closure, but the understanding of the timeframe for closure is not consistent among the participants of the review.

The mother has not received appropriate assistance in this case. It is very difficult for her to get around on the bus with the baby, particularly when the weather is bad. She feels that she “could have had this all done two months ago if [she] had help getting to the places [she] needed to be.” In essence, the mother has been as compliant as possible with the demands placed on her; despite the lack of assistance provided and all that she has been asked to do, she has shown great determination to succeed.

Although the family provides substantial supports to the mother and child, the mother does not “open up” to the family about her emotional state, so she lacks the emotional support that she so desperately needs. She had a scar on her wrist, which may be the product of a suicide attempt; however, there is no indication that she has had a mental health assessment or that this has been addressed with any participants in the case. The mother is grieving very deeply and has made statements which raise concerns about her stability. She is trying very hard to comply with the demands of all of the service providers, but is overwhelmed and appears to be almost at a breaking point.

### **Six-Month Prognosis/Stability of Findings**

Based on the service system performance found for this child, the child’s overall status is highly likely to deteriorate over the next six months. If the mother’s mental health needs are not immediately addressed, it seems likely that even within the next few weeks, this case could become a crisis case in which the children would need to be removed. The mother’s emotional stability is a serious concern, as is the possibility that she could resume drug use in an effort to self-medicate. However, it is very clear that if there is a crisis, the extended family will make every effort to ensure that the children are able to stay with the family versus having to be placed in foster care.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Engage the family—Increase face-to-face contacts, get to know the family, and fully assess the family’s underlying needs. It is important that the social worker begin to work closely with the mother in order to develop trust in the working relationship.
- Prioritize with the mother—Identify the things she needs to do and by when to help decrease her feelings of anxiety (explore daycare and transportation). It is recommended that a mental health evaluation and treatment for grief and loss be of utmost priority in this case.
- Begin to pull the team together—Make contact with collateral participants such as the school, family, drug treatment providers, mental health provider, and collaborative. Work with the team to plan, monitor, and make adjustments to the plan as needed.
- Closely monitor the case and the mother’s progress; engage extended family members as supports.



## **Written Case Review Summary**

Case 10

Date of Review: March 28-29, 2005

Child Placement: Traditional Foster Care (goal of reunification)

### **Persons Interviewed (13):**

Birth mother, maternal uncle, CFSA social worker, CFSA supervisor, CFSA Intake social worker, CFSA Intake supervisor, mother's therapist, collaborative social worker, guardian ad litem, assistant attorney general, daycare provider, foster parent, case manager from teen parenting program

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts about the Child and Family**

The review child was brought to CFSA's attention in November 2004. The CFSA hotline worker received a report from a hospital regarding a burn on the child's left thigh. The birth mother and the child went to a medical appointment at the hospital and the birth mother disclosed to the worker that the child had a serious burn on his left thigh and this injury had not received any medical attention. The case manager stated that the burn appeared to be healing at the time of the hotline report. When asked about the burn and its occurrence, the birth mother reported that the burn was an accident that occurred while the child was in the care of the maternal uncle. It was reported that the child tipped over a deep fryer that was being used to boil water while his maternal aunt was cooking dinner.

Soon after the burn incident, the CFSA hotline received another report from the District Metropolitan Police Department (MPD). The officer reported that an unidentified male entered a fast-food restaurant and handed the on-duty officers the infant. The unidentified male claimed he did not know the whereabouts of the infant's mother and refused to care for the child. Further investigation revealed that infant was the review child and the unidentified male was the mother's paramour. According to records, the birth mother had a fight with her paramour and left the child and her paramour in the fast-food restaurant alone. After locating the birth mother, the child was taken to a medical center for a medico-legal and placed into foster care.

At the time of this review, the permanency goal for this family is reunification. Several tasks have been identified by CFSA and the court that the birth mother must complete in order to achieve reunification. She must attend individual therapy; secure safe, stable, and permanent housing for herself; participate in a domestic violence program; participate in a GED program and/or secure employment; and complete parenting classes.

Since the mother has limited time to successfully complete her tasks for reunification, the CFSA worker has explored a possible kinship placement with the child's great-uncle for a concurrent plan. The great-uncle is currently the caregiver of the mother's two minor siblings and would like

to have custody of the review child as well. The CFSA social worker has some reservation with this concurrent placement plan after an assessment of the home and the uncle's apparent inability to provide proper supervision for the child.

### **Child's Current Status**

The review child is a 17-month-old African-American male. Overall, the child's status is in the maintenance zone. The child is in a safe and stable environment with his foster family. The child's foster mother is providing the proper guidance and boundaries for healthy development. This is the most appropriate placement for this child at this moment. The child's health and emotional well-being are good; he is a very healthy, happy, and well-developed infant. He has adjusted well in daycare and has made plenty of friends. When the child began the daycare, he was a bit hyperactive but, over time, his behavior has become much more calm and is meeting all the developmental milestones for his age. Medically, the child is currently taking medication as needed for his asthma. Permanency prospects for this child are marginal. The likelihood of the child reunifying with his mother in the next six months appears to be very uncertain. This is due to the mother's non-compliance with completing the tasks for the reunification goal.

### **Parent/Caregiver Status**

The birth mother is a 19-year-old mother of two who is currently unemployed and does not have safe and permanent housing for her children and herself; she currently resides with her paramour in his maternal grandmother's three-bedroom apartment. She recently gave birth to a two-week-old premature infant and is currently involved in an abusive relationship with the father of her youngest child. The whereabouts of the review child's birth father are unknown. It is reported that he was shot and killed sometime in 2004, but numerous attempts to obtain a death certificate have failed.

The birth mother presents as immature and unable to grasp the gravity of her current situation. She understands the reasons why her son was removed from her care but does not take responsibility for the action that caused his removal. She is very ambitious and wants to achieve the goals in her case plan; however, some of the goals are unrealistic.

The mother is very inconsistent with keeping appointments. This has been attributed to conflict with her prenatal care appointments. The mother expressed interest in securing employment so that she can afford an apartment. However, she does not have a high school diploma, which severely limits her employment options. Additionally, she is not currently enrolled in a vocational or GED program. Her CFSA social worker is exploring educational and vocational options for her.

The mother attends all her scheduled supervised visits with her son, but does not interact with him during the visitation; it is reported that she just sits while other family members interact and play with the child. This is of great concern for all the members of the service team.

The foster parent is a mother of one daughter and lives in four-bedroom home in Maryland. At this time, the foster parent is caring for her biological daughter, the review child and three other CFSA foster children (a sibling set). The foster parent is very involved with and supportive of the review child. She attends all of his scheduled visitations, court hearings, and any other administrative meetings. She also makes sure he is up to date with all of his immunizations and medical appointments. In addition to her duties as a foster parent, she provides the birth mother guidance with parenting. The birth mother described the foster mother as a mentor.

### **Factors Contributing to Favorable Status**

There are several positive factors that contribute to the child's current favorable status. The child is thriving and has adjusted well to his current foster placement. The foster mother is dedicated and very actively involved in the decision making for the child (e.g., attends court hearings, takes birth mother and child on outings together, serves as a mentor for the mother). The right people are involved with this case and appropriate services are in place. The CFSA social worker assigned to the case is very detail-oriented and thorough. She shows dedication to this case and continues to diligently work with this family in an effort to assist the birth mother in attaining service goals and court orders.

### **Factors Contributing to Unfavorable Status**

There are several factors that appear to limit progress in the case. The mother recently gave birth to a premature newborn. She is living with an abusive boyfriend at his maternal grandmother's home; it is not safe or permanent housing. The mother lacks a safety plan and indicates she will be homeless if she is asked to leave her current residence. The birth mother lacks participation in services; she has missed several therapy sessions and has declined domestic violence services. There is a lack of concurrent planning or a long-term view by members of the service team. CFSA was exploring guardianship with the maternal uncle; however, it is unclear whether or not this is a viable option due to questions regarding his parenting ability. This has not been explained to the maternal uncle. Further, there has been little work done towards establishing another viable permanency option.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Overall, service system performance was found to be marginal in this case. The engagement of the CSFA worker with the family was fair. She has consistent monthly visits with the child and his biological family and is knowledgeable about the case. Other service providers interviewed identified this worker as the central point of contact for the particular case. She has made numerous service arrangements for the birth mother to assist her in reaching the goals identified in her case plans and court orders, and is working diligently with the birth mother to complete these tasks before the CSFA deadline. The collaborative will work with the birth mother to secure housing and education/employment. An informant reported that the birth mother declined services from the internal domestic violence program that CFSA was offering. The CFSA social



worker continues to look for a local domestic violence program that is suitable for the birth mother at this time.

There is a clearly defined service team including the CFSA worker, Planned Parenthood therapist, caseworker from the prenatal care program, foster parent, mother, maternal uncle and the guardian ad litem. The people on this team are the right people to be involved in such a case. Everyone on the team is very committed and involved. They have made fair assessments of what needs to take place in order for reunification to occur.

### **What's Not Working**

Service team formation and functioning and implementation of services was inadequate. The “team” can be easily identified; however, most of the team works in isolation. The fact that some members of the team were unaware of the birth mother’s current status illustrates such isolation. Though the team was very clear on the role of the CFSA social worker and made consistent contact with her, team members were unaware of the role played by other members of the team. Team members had little, if any, contact with each other. Further, there was little collaborative problem solving among the team members occurring.

Even though the team has made a fair assessment of the family and their needs, the services are not being implemented adequately. The CFSA worker referred the birth mother to a local collaborative for services and it took almost three weeks for the intake process to begin. At the time of the review, the collaborative worker had not formally met with the birth mother.

All service providers have identified domestic violence as the most important issue facing the birth mother. However, the team has not stressed the implementation of needed services. While referrals have been offered, no additional efforts have been made to engage the birth mother around this issue. Creative strategies must be developed given the birth mother’s denial of the issue and rejection of services. The birth mother’s inconsistency with keeping appointments has also negatively impacted the implementation of services.

### **Six-Month Prognosis/Stability of Findings**

Unless current practice changes, the child and parent status is projected to stay the same over the next six months.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Bring all service providers together to discuss next steps and creative strategies to engage the birth mother in meeting all court orders. The service team must reinforce the importance of completing all of the tasks required for the mother to reunify with her child before the onset of CSFA deadlines.
- Establish an aggressive plan to address the domestic violence.
- Explore transitional or co-op housing programs for the birth mother.
- Establish a solid safety plan for the birth mother.
- Create a concurrent permanency plan for the child.

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## **Written Case Review Summary**

Case 11

Review Date: March 28, 2005

Child's Placement: Residence for Teen Mothers

### **Persons Interviewed (8)**

The target youth, CFSA caseworker and supervisor, case manager at the youth's residence, collaborative case manager, and former foster parents. An interview with the youth's GAL was also conducted prior to the QSR.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts about the Child and Family**

The youth is a 20-year-old African-American female who lives with her two year-old son in a residence for teen mothers. She entered into the care of CFSA in 1988 at the age of three, along with her sister and brother who were ages six and one, respectively. The youth was placed in the foster home of a couple and their two adopted sons. She lived with that family for 15 years and had what was described as a nurturing upbringing. During this time, the youth maintained contact with her siblings, mother, and maternal grandmother. The youth was never adopted by the foster parents, although this was explored when she was about ten years old. She graduated from high school in 2002, and in February 2003, gave birth to her son. The youth is described as a very responsible and loving parent who has a strong bond with her son. She is in contact with her son's father, who reportedly attends college and participates in his child's life. The child's paternal grandmother is also available as an emotional support and to provide childcare as needed.

In May 2003, the youth had a disagreement with her former foster parents that escalated. As a result, all parties agreed that it would be best for the youth to move out. According to the former foster parents, the disagreement was related to the youth's level of verbal disrespect towards them. The youth also felt it was time to live on her own with her son. The youth and her son moved into a residence for teen mothers, where they currently reside. They continue to spend most weekends either with the former foster parents or with the son's father's family.

In addition to case management services provided by CFSA, the youth also receives case management services from her residence, and from the community collaborative. Her son receives daycare services.

### **Child's Current Status**

The youth's overall status is in the maintenance zone. While she still has many challenges ahead of her, she has come a long way and has a good support system to continue guiding her towards her goal of living independently with her son. The youth is turning 21 in approximately four months and her primary goal is to secure an apartment. The key to achieving this goal is to

obtain steady employment. At the time of this review, the youth had reportedly accepted a job at her son's daycare and was waiting for a start date. She has a history of starting jobs and then losing interest in a short amount of time but has identified childcare/daycare as the field in which she has an interest. In the interim, she and her son will remain in their current residence, where all of their basic needs for food and shelter are met. The caseworker at the residence is also working with the youth on therapeutic goals, such as displaying her emotions in a mature and healthy manner and recognizing the reality of her rapidly approaching independence. The youth is encouraged to behave in a sexually responsible manner, which was an issue for her at one time but seems to be less of one now. The youth also receives case management services from the community collaborative, which include identifying housing opportunities, assisting with housing applications, and identifying the steps she needs to take to accomplish her goals on her own.

The youth presents as a shy but pleasant young lady who is easy to engage. During a psychosocial evaluation in January of 2005, the youth was diagnosed with depressive disorder; however, it is believed by case participants that any sort of depression was more related to her situation and the pressures she was facing regarding living on her own. The youth is a dedicated and loving mother who ensures that her son's needs are met on a daily basis, and as a result, he is reportedly thriving. Many people in her life also described the youth as a wonderful parent. The mother is genuinely fascinated by parenting and watching her son develop and feels that they "continue to learn from each other every day." Both of them are reportedly in good health and functioning at a high level.

### **Parent/Caregiver's Status**

The youth maintains sporadic contact with her biological family members, including her mother, grandmother, and siblings. She does not have a close relationship with her biological family members and they do not appear to be involved in planning for her independence. She maintains a very close relationship with her foster parents and they are a reliable support system for her and her son. Additional supports include her son's father and his family members.

The youth and her son are receiving all of the necessary supports for food, shelter, and other basic needs from their residence. Additionally, the youth receives basic counseling services as needed from her case manager. They live in a safe environment with concerned caregivers who look out for their best interests, set appropriate boundaries for the youth, and enforce consequences when she acts irresponsibly.

### **Factors Contributing to a Favorable Status**

By all accounts the youth is a good, responsible mother. She is physically healthy and emotionally stable. She has begun to accept responsibility for her future and to follow through on her goals. The youth has a good support system. The professionals working on her behalf, as well as her foster and her son's family members, believe that she can achieve independence successfully and are there to support her in this endeavor.

### **Factors Contributing to Unfavorable Status**

There are no unfavorable status ratings in this case.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The service team, consisting primarily of the youth's CFSA caseworker, collaborative worker, and the worker at her residence, is working together to achieve positive results. The service team shares an understanding of the youth's service goals and they are actively working with her towards achieving them. She has a comprehensive, functioning service team that is working very diligently on her behalf. Her goals are clearly identified and movement is being made towards achievement of the goals.

The youth has maintained her family connections throughout the 17 years she has been in the system and she has a very strong support system. The youth's service team encourages her to accept responsibility for her future and she has begun to respond to this.

The team members are working hard on the youth's plan for independence, with the primary emphasis on securing her housing. They are resourceful, they communicate with each other, and the youth feels that they are advocating on her behalf. The service team is also appropriately involving the youth's support systems in planning for her future.

### **What's Not Working Now and Why**

The only obstacle to the youth achieving success is her own resistance to following through with her identified tasks and goals. The youth must secure employment in order to be eligible for the majority of the housing programs to which she is applying. At one point, she seemed to be a bit overwhelmed and resistant to facing the reality of her situation but seems to have made progress in this area.

### **Six-Month Prognosis/Stability of Findings**

In the next six months, the youth will face many changes. She will celebrate her 21<sup>st</sup> birthday, and she and her son will leave their residence. The youth will begin working at a new job. With the continued support and encouragement of her service team and her former foster parents, it is anticipated that the youth will continue to function at a good level.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- The youth's job security is the key to her admittance into an apartment program. The youth's caseworker is encouraged to ensure that the youth has a start date for her new job at her son's daycare center. If this job should fall through, other options will need to be explored immediately.
- The youth's service team should continue to work collaboratively, ensuring that they communicate with each other on a regular basis and share information so that there is no duplication of efforts to secure housing for her and her son.

- At one point, the team discussed a vocational/career assessment that would help identify a career path for the youth. Each time the assessment was scheduled to take place, the youth would begin a new job and it was delayed. The service team is encouraged to follow through with this assessment; additional career paths might be identified for the youth.
- Continue to engage the youth's support systems, such as the former foster parents, in planning for her future. Although they are not an identified housing resource at this time, they have expressed their love for the youth and her son and have stated that they would like to support her movement towards independence in any way they can.
- Emphasize the importance of safe sexual behavior, particularly as the youth moves towards living on her own.
- Assist the youth in finding her biological father. She has reportedly been looking for him for a few years and is now asking for the help of her service team in this area.